

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,671

FILING DATE

09-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		I				51	I	C				
2	I		I				52	I	B				
3	I		I				53						
4	I		I				54						
5	I		C				55						
6	I		I				56						
7	I		C				57						
8	I		I				58						
9	I		I				59						
10	I		I				60						
11	I		I				61						
12	I		I				62						
13	I		I				63						
14	I		C				64						
15	I						65						
16	I						66						
17	I		C				67						
18	I		I				68						
19	I						69						
20	I		I				70						
21	I		I				71						
22	I		I				72						
23	I		C				73						
24	I						74						
25	I						75						
26	I						76						
27	I						77						
28	I						78						
29	I						79						
30	I						80						
31	I						81						
32	I						82						
33	I						83						
34	I						84						
35	I						85						
36	I						86						
37	I						87						
38	I						88						
39	I		C				89						
40	I		I				90						
41	I		I				91						
42	I		I				92						
43	I		I				93						
44	I		I				94						
45	I		I				95						
46	I		I				96						
47	I		C				97						
48	I						98						
49	I						99						
50	I		C				100						
TOTAL IND.							TOTAL IND.	9		5			
TOTAL DEP.							TOTAL DEP.	43		18			
TOTAL CLAIMS							TOTAL CLAIMS	52		23			